

**COMMONWEALTH OF VIRGINIA  
STUDENT IMMUNIZATION STATUS REPORT**

*Please Type or Print All Information!*

FACILITY: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
LOCATION: STREET: \_\_\_\_\_  
COUNTY: \_\_\_\_\_ CITY: \_\_\_\_\_  
PERSON PREPARING REPORT (PRINT): \_\_\_\_\_ TITLE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**TYPE OF FACILITY REPORTING!**

1) Please check one of the following:

PUBLIC SCHOOL /\_\_\_\_\_/; PRIVATE SCHOOL /\_\_\_\_\_/; PAROCHIAL SCHOOL /\_\_\_\_\_/; HEAD START /\_\_\_\_\_/; CHILD CARE CENTER /\_\_\_\_\_/

**INSTRUCTIONS!**

- 1) Please complete this report using information in each student's school medical record.
- 2) Please refer to the back section of this form for the MINIMUM IMMUNIZATIONS REQUIRED BY THE CODE OF VIRGINIA.
- 3) ALL SCHOOLS: Please submit to the ADDRESS BELOW by OCTOBER 15.

**VIRGINIA DEPARTMENT OF HEALTH  
BUREAU OF IMMUNIZATION  
1500 E. MAIN ST., SUITE 120  
RICHMOND, VIRGINIA 23219  
PHONE # (804) 786-6246**

**COMPLETE THE SECTION(S) APPLICABLE TO YOUR FACILITY**

Please note in each section, numbers in columns (b) through (f) should add together to equal the total number of students in column (a).

**\*\*SECTION I\*\***

**CHILD CARE CENTERS, HEAD STARTS OR PRESCHOOLS**

(a) Number of Students Enrolled	(b) Number Adequately Immunized	(c) Number of Medical Exemptions	(d) Number of Religious Exemptions	(e) Number of Conditionally Enrolled	(f) Number Without Records

**\*\*SECTION II\*\***

**KINDERGARTEN OR FIRST GRADE IF THERE IS NO KINDERGARTEN(PUBLIC, PRIVATE, PAROCHIAL)**

(a) Number of Students Enrolled	(b) Number Adequately Immunized	(c) Number of Medical Exemptions	(d) Number of Religious Exemptions	(e) Number Conditionally Enrolled	(f) Number Without Records

(For Minimum Immunization Requirements Refer to Back)